

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90030 047 \*\*\*\*61.25

40015504



<b>DOCUMENT # N99000004310</b> 1. Entity Name VENETIAN ISLES POD "F" HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business %GRS MANAGEMENT 3900 WOODLAKE BLVD #201 LAKE WORTH, FL 33463		Mailing Address C/O G.R.S. MANAGEMENT ASSOC. 3900 WOODLAKE BLVD STE 201 LAKE WORTH, FL 33463	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  <b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b> <b>3900 WOODLAKE BLVD. SUITE 309</b> City & State <b>LAKE WORTH, FL 33463</b>	
4. FEI Number <b>65-0984886</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAW OFF. OF ST. JOHN, CORE, FIORE &amp; LEMME</b> <b>1601 FORUM PLACE STE 701</b> <b>WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	
<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLAVOLITA, ALBERT 8327 DUOMO CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELL, STEVE 8159 FLORENZA DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAMANTIS, EMILIO 8203 DUOMO CIR. BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAZIL, AL 8783 FLORENZA DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD MARTIN, HERMAN 8322 DUOMO CIRCLE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE</b> <b>HY TURRET, TREASURER 2/11/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

# ATTACHMENT

40015504

DOCUMENT NUMBER N99000004310 ; CORSICA PARK

ADD S  
CARABBA, FREDERICK  
8143 DUOMO CIRCLE  
BOYNTON BCH, FL 33437

CHANGE 2VP  
MANTIN, HERMAN  
8322 DUOMO CIRCLE  
BOYNTON BCH, FL 33437

ADD T  
TURRET HY  
8074 DUOMO CIRCLE  
BOYNTON BEACH, FL 33437